

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2015
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violation:</p> <p>300.1210b) 300.1210d)2) 300.1210d)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/11/15

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S9999	<p>Continued From page 1</p> <p>Based on observation interview and record review, the facility failed to assess and monitor and provide treatment and services in a timely manner to a resident with an acute humeral fracture. This failure resulted in a worsening of the fracture and increased pain for the resident.</p> <p>This applies to 1 of 2 (R1) residents reviewed for falls with injury in the sample of 28 residents.</p> <p>The findings include:</p> <p>On 10/20/15 at 10:30 AM R1 was sitting in a wheel chair with his left arm on a pillow with visible swelling of the hand and wrist. R1 stated he was in a lot of pain. R1 stated he broke his arm and it throbs like a tooth ache. R1 also stated he was supposed to go to the orthopedic doctor for follow up but they keep canceling the appointments and has not seen an orthopedic doctor since he broke his arm.</p> <p>R1 feels his pain is not managed at all. On 10/20/15 and 10/21/15 R1 did not have a sling on his arm. R1 said he had a sling after the initial fracture but when he went to the hospital (for a non-fracture related issue) he came back to the facility without the sling. R1's nursing notes indicate R1 was sent out on 10/14/15 and returned on 10/16/15. R1 stated the sling made it more comfortable for him and helped ease the pain.</p> <p>R1's nursing notes were reviewed for September and October 2015 and there is no mention of R1 refusing to wear the sling. There are several nurses notes documenting R1's sling was on when he first returned from the hospital on 9/29/15.</p>	S9999			

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S9999	Continued From page 2 R1's nursing incident note of note of 9/29/15 states R1 was observed lying on the floor on his left side with his left arm underneath. Assessment done, no visible injury noted. R1 complained of pain of 9 out of 10 when passive range of motion performed on his left arm. Physician ordered to send to ER for evaluation and treatment. R1 returned from hospital the same day with a sling on his left arm. The X-ray results dated 9/29/15 show R1 had a nondisplaced fracture through the left humeral neck. The emergency department report dated 9/29/15 states R1 should follow up with physician in seven to ten days. The nursing note of 10/6/15 (seven days post fall) documents the staff nurse reminded and informed R1's physician of the follow up with the Orthopedic doctor. The nurse documented the physician will talk with the scheduler. The nursing notes dated 10/20/15 documents that the transport did not show up for R1's ortho appointment. On 10/21/15 at 1:00 AM E6 (appointment scheduler) stated that a new appointment had been made for 10/27/15. On 10/22/15 at 1:30 PM, R1 stated that his pain is at 8 out of 10 and his arm throbs like a tooth ache. R1 said he hasn't had his sling since he came back from the hospital on 10/16/15. On 10/22/15 at 1:30 PM, E8 (staff nurse) caring for R1 said that R1 did not complain of pain, and there was no swelling of his arm. When E8 looked at his arm she did say it was swollen. E8 stated the assessment for R1's arm would be in	S9999			

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S9999	<p>Continued From page 3</p> <p>the nursing notes. E8 stated she would call Z1 (Nurse Practitioner) to evaluate R1.</p> <p>R1's nursing notes were reviewed for September and October 2015 and there was no assessment for R1's arm. There was no mention of circulation, motion or sensation of the affected arm. There is no documentation of any pain relieving measures such as applying ice or elevation of the arm. There is no documentation to show that R1's primary physician was notified of the delay in orthopedic treatment and if any treatments needed to be put in place until R1 could be seen by the orthopedic doctor.</p> <p>On 10/22/15 at 2:15 PM Z1 stated that she was not aware that R1 had swelling to the affected arm/hand and increased pain. Z1 also stated she was not aware that R1 was without a sling for any period of time and she was also not aware that R1 had missed the orthopedic appointment. Z1 stated she will assess R1, order another X-ray and increase his pain medication.</p> <p>The X-ray report dated 10/22/15 documents a change in R1's fracture from non displaced to displaced. The X-ray showed there is an acute or subacute minimally displaced fracture through the left humeral neck. The distal fragment is displaced laterally by 4-5 mm and is impacted onto the humeral head by approximately 13 mm. This was not evident on the initial X-ray done on 9/29/15.</p> <p>On 10/23/15 at 10:44 AM, Z1 documented the X-ray results from 10/22/15 were reviewed and R1 will be sent out to the emergency room stat for possible casting and the orthopedic consult is pending.</p>	S9999			

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S9999	Continued From page 4 R1's care plan reviewed on 10/21/15 does not have any mention of his humeral fracture, what kind of care is needed, limitations R1 may have and ways to reduce pain. There is no mention of immobilizing the arm, what the arm should be mobilized with and for what period of time it needed to be mobilized. (B)	S9999			